See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Secrements, California

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	'ASTE MANIFEST CAD 006 905 558	Manifest Document No.	2. Page 1 of	The State of the S	the shaded areas d by Federal law.	
ŗ	C. Conserator's Name and Mailing Address ACCO AIR CONDITIONING			feat Document Nu	mber	
	6265 SAN FERNANDO RD., GLENDALE, CA 91201. B. State Generator's ID				34658	
	4. Gene Apris Phone '218 245-6793 5. Transporter 1 Company Name OMEGA RECOVERY SERVICES 7. Transporter 2 Company Name 8. US EPA ID Number 9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602 CAD 042 245 001			C. State Transporter's ID D. Transporter's Phone 13 698-0991 E. State Transporter's ID F. Transporter's Phone G. State Facility's ID (ANDOM 1224500/.) H. Facility's Phone 213 698-0991		
COOLUM						
80	a WASTE OIL, N.O.S COMBUSTIBLE LIQUID		1,300	1067.00	State 341	
G E	(REFRIGERANT OIL)			1.000	EPA/Other	
N E R	ь.	000	DM OIO	11010 G	D001,D018 State F002	
A					EPA/Other	
0	С.		<u> </u>	Ш-	Stele	
					EPA/Other	
No.	d.					
	u.				State	
					EPA/Other	
	J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above a. b		
	A) FOR DISPOSAL		<u>.</u>	<i>)]</i>		
	*,					
	15. Special Handling Instructions and Additional Information					
Service	PROFILE NUMBER B10160					
	EVOLTUR MOUDHY DISTAG					
Total land	16.					
	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and					
SARSKIE .	national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined					
Name of the last	to be economically practicable and that I have selected the practicable method of freatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste					
100	generation and select the best waste management method that is available to me and Printed/Typed Name Signature,	d that I can afford.			Month Day	
1	GERRY ANGELO XEM	ad Cido	. l.		1081/141°	
T R	17. Transporter Acknowledgement of Receipt of Materials	1 /1	1,			
A N S	Printed/Typed Name Signature		11	. 1	Month Day	
P	18. Transporter 2 Acknowledgement of Receipt of Materials	CHUI Z	YEARD	1	1(451/17)	
R T E	Printed / Typed Name			0	Month Day	
Ē	19. Discrepancy Indication Space		THE PERSON NAMED IN THE PE			
F						
A C						
Ĺ	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Ť Y	Printed / Tuned Name				Month Day	
	N. JAY SOLOMON,	11.14	is Sol	mon	1031/1719	

DHS 8022 A (1/88)

EPA 8700—22 (Rev. 5 88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS